

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

# Hospital: Community Hospital of Anderson and Madison County

Year: 2004 City: Anderson Peer Group: Large

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$62,762,335	Salaries and Wages	\$39,738,727
Outpatient Patient Service Revenue	\$120,609,021	Employee Benefits and Taxes	\$6,823,284
Total Gross Patient Service Revenue	\$183,371,356	Depreciation and Amortization	\$5,757,029
2. Deductions from Revenue		Interest Expenses	\$1,865,268
Contractual Allowances	\$61,252,090	Bad Debt	\$3,055,268
Other Deductions	\$31,158,135	Other Expenses	\$34,500,114
Total Deductions	\$92,410,225	Total Operating Expenses	\$91,739,808
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$90,961,131	Net Operating Revenue over Expenses	\$3,261,542
Other Operating Revenue	\$4,040,219	Net Non-operating Gains over Losses	\$133,983

Total Operating Revenue	\$95,001,350	Total Net Gain over Loss	\$3,395,525
<b>6. Assets and Liabilities</b>			
Total Assets			\$92,580,240
Total Liabilities			\$36,383,207

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$73,363,554	\$45,992,854	\$27,430,700
Medicaid	\$20,015,208	\$15,329,236	\$4,685,972
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$90,002,594	\$31,158,132	\$58,844,462
Total	\$183,371,356	\$92,410,222	\$90,961,134

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment

Donations	\$385,251	\$178,910	\$206,341
Educational	\$12,466	\$30,218	(\$17,751)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	NR
Number of Hospital Patients Educated In This Hospital	NR
Number of Citizens Exposed to Health Education Message	NR

**Statement Four**  
**Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Madison	<b>Community Served</b>	Madison County
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**Hospital Mission Statement**

*“To improve the health status of the individuals and the communities we serve, with a special concern for the sick and poor”.*

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1995

### Allocation of Dollars and Persons Served under Adopted Charity Policy

*Community Hospital is dedicated to serve the medical, health, and human services needs of the people of Anderson, Madison County with compassion, dignity, and excellence service.*

	2002	2003	2004
<b>Persons served in last twelve months</b>	857	1,108	1,286
<b>Charity Care Allocation</b>	(\$1,168,851)	(\$1,816,865)	(\$1,168,851)

### Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$17,751)

### Summary of Unreimbursed Costs of Charity Care, Government

## Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$6,183,571)
2. Community Health Education	(\$17,751)
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$6,201,322)

## Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Karen Dykes

Telephone number: 765/298-2225

Web Address Information: [www.ecommunity.com](http://www.ecommunity.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	869	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	43.3%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	51.7	251.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.3	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$2,605	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$10,872	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	65.8%	41.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$988	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.0%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.3%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$3,122,833)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	3.4	5.9

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.